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ABSTRACT

The Demonstration Resource Center was developed and funded for 3 years in Region IX of the United States (excluding Arizona) to establish a regional network for coordination and service delivery in child abuse and neglect. This final report states the purpose and lists the objectives of the center project, providing a brief overview of general strategies devised to meet overall objectives and listing names and addresses of project staff. Also described are efforts made to (1) increase public awareness, (2) maintain an inventory of regionwide resources, (3) provide education and training to professionals, (4) provide technical assistance and consulting services to child abuse and neglect program operators, and (5) coordinate and link concerned individuals and organizations across the region. Subsequent sections of the report discuss major accomplishments of the project, major obstacles encountered, and implications for service planners. In conclusion, recommendations for continuing and improving the project are specified. (RH)

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FINAL REPORT

CHILD ABUSE AND NEGLECT

A RESOURCE DEMONSTRATION PROGRAM FOR REGION IX

GRANTEE ORGANIZATION

DEPARTMENT OF SPECIAL EDUCATION
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TABLE OF CONTENTS

Project-Costs by Fiscal Year 1

Purpose of Project 2

Project Objectives 2

Project Philosophy and Staff 3

Public Awareness 7

Regionwide CA/N Resources 8

Education and Training to Professionals 8

Technical Assistance to Program Operators 9

Coordination and Linkages of CA/N Organizations 9

Major Accomplishments 12

Major Obstacles Encountered 13

Implications for Service Planners 16

Recommendations 17

Project Costs by Fiscal Year

Calendar Year	Project Year		Award
1975-76	01		270,000
1976-77	02		320,000
1977-78	03		342,250
		TOTAL	932,250

Calendar Year	Project Year		Expended
1975-76	01		193,006
1976-77	02		381,711
1977-78	03		357,533
		TOTAL	932,250

I. Purpose

The overall purpose of this project was to develop a Demonstration Resource Center which established a regional network for the coordination and services delivery in child abuse and neglect throughout the geographic area encompassing Region IX (excluding Arizona).

II. Objectives

1. Mount regionwide public awareness campaigns on child abuse.
2. Maintain a readily accessible inventory of regionwide resources providing services to the abused/neglected child and his or her family.
3. Provide education and training to a variety of professionals and agencies presently dealing with or desiring to deal with the problem of CA/N.
4. Provide technical assistance and consultative services to program operators of child abuse programs and services.
5. Provide direct support and supervision to area centers.
6. Provide advice on licensing, legal requirements and established standards of program quality for child abuse programs and services.
7. Create, upgrade or support communication linkages between programs, agencies and individuals.
8. Identify the universal need for services and the extent and distribution of child abuse within the region.
9. Assess the readiness and capacity of local communities to cope with the problems of child abuse.
10. Advocate for children in relation to abuse and neglect.

PROJECT PHILOSOPHY AND STAFF

In order to meet the above objectives, we opted to develop a center which was a joint effort of California State University , Los Angeles and the Los Angeles County - University of Southern California Medical Center. The medical center is a major training center which services families who cannot afford to pay for medical care.

Dr. David B. Friedman, M.D., the Project Co-Director is the head of the Suspected Child Abuse and Neglect Team (SCAN). Dr. Friedman was responsible for the clinical component.

Hershel K. Swinger, Ph.D., the Project Co-Director, is a member of the faculty of CSULA and was responsible for the non-clinical aspects of the project.

Because of the tremendous geographical and ethnic diversity of this region, the decision was made to establish a decentralized organization based on the concept that the closer we were to the individual states, communities, the better we would be able to serve those communities. During the formative period of this project, there was a very small number of CA/N organization, but each state had at least one viable nonpublic organization which had established credibility and had objectives which would synergize the objective of the Region IX CA/N project. Each sub-center was established with the above in mind. Below is a list of the basic project staff and their respective onsite affiliations.

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In addition to the basic staff each area center was allotted consultant funds to help them implement the project objectives. Contractual arrangements were with the Children's Trauma Center of Oakland California, Parents Anonymous, Black Social Workers of Los Angeles. Ms. Elizabeth Davoren, a nationally known expert in the CA/N field, was contracted to conduct needs assessment and training in Guam and Samoa. Mr. Jose Navarro and Theresa Ramirez, Ph.D. were major consultant-trainers for our Spanish Speaking training and treatment component.

During the three years of this project, we used ninety-five different consultants to supplement the project staff.

In addition to the paid staff above, major contractors of NCCAN - ex. URSA, Developmental Associates, Joseph Davis Associates, The YMCA CES Project, and Sanford Fox - frequently utilized this center in the accomplishment of mutual objectives.

URSA developed the NCCAN curriculum which covers all phases of CA/N. Joseph Davis Associates developed and conducted a nationwide CA/N public awareness campaign. The YMCA C.E.S. project complimented Region IX staff in its efforts to institute Comprehensive Emergency Services in the states of California and Nevada. Sanford Fox met with legal decision makers in the states within Region IX to try and help them meet the federal CA/N eligibility criteria.

CETA workers supplemented project staff in the Southern Calfiornia area center office. Volunteers (primarily the various Jr. Leagues) performed functions which included resource identification, needs assessment, training, public speaking and home visitors for abusive families.

Public Awareness

Public awareness was divided into sub-categories of media spots - radio and T.V.; media interviews; public speaking engagements; newspaper interviews; newsletter publication and magazine articles.

The Southern California area is a major media center and therefore, we were able to garner extensive newspaper coverage from the opening of the center. Fifty-four newspapers in Southern California published the press release announcing the opening of this center. Newspapers in Fresno, San Francisco, Reno, Las Vegas, Ohau, Guam and Samoa helped to publicize the opening and activities of the Region IX CA/N project. The initial coverage by the newspapers generated many phone calls requesting information on CA/N and for speaking engagements.

During the three years of the Demonstration project, the entire professional staff averaged one T.V. and two radio appearances per month. The above appearances were differentiated from monthly newspaper and T.V. news interviews. Public speaking engagements totaled 488 for the entire grant period and the estimated audience reached this way is estimated to be slightly over 33,000.

Newspaper CA/N articles by Region IX CA/N staff have appeared in over sixty different newspapers reaching a combined circulation of millions on a daily basis.

Nine issues of the project newsletter - Directions - were published. The distribution total of each issue was 8,000 which amounted to a total distribution of 72,000 pieces of this type of public awareness material.

The project Co-directors - H. Swinger & D. Friedman - edited two issues of Pediatric Annals (September and October, 1977) which reached a combined audience of over 50,000.

Dr. Friedman served as a technical advisor to the film Mary Jane Harper Cried Last Night which was shown to a national T.V. audience. Geraldine Zapata appears in the Community Response film produced by URSA for NCCAN. H. Swinger appears in the film A Chain to be Broken.

We worked very closely with Jose Davis Associates in the development of the national awareness campaign. These materials were used for awareness campaigns in Nevada, Hawaii and California.

Objective I. Maintain Inventory of Regionwide CA/N Resources

The inventory of Regionwide resources was used as a entree for the introduction of the Region IX CA/N project. The project headquarters has three hundred direct service providers on file. These resources represent organizations that are demonstratively involved in CA/N. The inventory instrument is a five page document which gives a complete profile of the organization and its services.

Objective II. Provide Education and Training to Professionals.

Professional training was conducted by the project professional staff, the Children's Trauma Center, the Greater Los Angeles Black Social Workers, Parents Anonymous and ninety-five different professional consultants.

Our records indicate that we trained 27,174 professionals with professionals employed by the Region IX CA/N project. Indirectly (i.e. presented on someone else's program) the Region IX staff contributed to the training of 24,831 professionals during the three years of this grant. The combined total of professional trained directly and indirectly amounts to 52,005 professional individuals trained.

Objective III. Provide Technical Assistance and Consultative Services to CA/N Program Operators

The T.A. objectives were categorized as organizational development; hotlines; staff training; curriculum; central registry; organizational management; case consultation; organizational start-up; model legislation; other. The other included activities such as CA/N grant review; proposal writing; review movie scripts; review CA/N booklets; setting up mini CA/N resource libraries.

Of all our objectives, T.A. was probably the most difficult to objectify and record because T.A. is best defined by the receipient. Our records indicate that we fulfilled 4,323 explicitly defined T.A. requests.

Objective IV. Coordination and Linkages of CA/N Individuals and Organizations Regionwide

Initially, this project developed a symbionic relationship with existing CA/N organizations by having an advisory committee composed of representatives from key organizations and/or contracting for the services of established local CA/N organizations.

Using the decentralized (area centers) method of reaching our territory, it enabled us to build local constituencies which in turn could be linked with other constituencies by the structure and communication channels of the Region IX Demonstration CA/N Resource Center. With the above structure, we averaged 117 new CA/N contacts (individual and organizations) each month with 84% of this group having multiple contacts with the center.

We located all of the CA/N councils in this region (excluding

Arizona) National Spanish Surname Committee on Children, Youth and Families, and formed two consortiums of child abuse councils. The Pacific Islands Consortium staffed by this project meets quarterly and has representatives from every county in the state of Hawaii, and the territories of Guam and Samoa. The mainland consortium, staffed by this project, of CA/N councils has representatives from sixty-eight councils which are in the states of California and Nevada. The mainland consortium of CA/N councils met twice yearly during the second half of this grant period.

The professional staff of this project served on the advisory or executive boards of various CA/N organizations. As board members of organizations such as The Big Sister League, Children's Village, Parent's Anonymous Southwest, The Northern Nevada Task Force on CA/N, Working to Eliminate CA/N (WECAN), The Greater Los Angeles Council on Alcoholism, The San Francisco Child Abuse Council, the California State Office of CA/N Prevention, National Spanish Surname Committee on Children, Youth and Families, we have been able to influence a wide range of CA/N programs and policies within this region.

Information dissemination is considered an indirect type of coordination since virtually every type of information given out was stamped by this project and often the literature suggested that interested persons contact various organizations for more information.

After the start-up period, an average of 1,851 pieces of materials were distributed to the public each month. Professionals received

an average of 2,557 pieces per month. We loaned our CA/N films at a rate which resulted in twenty-one different showings per month. An average of forty-two persons per month visited the project each month.

Major Accomplishments

From its inception, the Region IX CA/N project was viewed as a temporary organization whose purpose was to facilitate the growth of a CA/N network which would improve the quantity and quality of services to families with an abuse problem.

In 1975, child abuse was being handled primarily by the public sector with most of the professionals involved in territorial uncoordinated task completion which created an artifical fragmenting of the families being served by the system. We used the regionwide needs assessment and subsequent prioriterizing of needs of Development Associates to establish communication channels of representatives of the major CA/N disciplines - Education, Law Enforcement, Parents Anonymous, Public Social Services, Medicine, the Courts and private community treatment agencies. The many meetings connected with the field of testing of the URSA materials also served as a forum where integrated service delivery could be discussed and systemized. The open forum above resulted in the formation of the Statewide Council in Hawaii, the Interagency Council in Los Angeles, Working to Eliminate Child Abuse and Neglect in Nevada and at least ten different multidisciplinary teams being formed in this region. This organization helped staff the professional meetings above and constantly provided them with the latest CA/N information.

As the professional network was being stimulated by the Region IX CA/N project so too was the public in the following ways. Communities were encouraged to establish their own CA/N councils and each council was encouraged to provide speakers to interested community organizations. The speakers were frequently given materials by this project to distribute to community groups. From each issue of the newsletter, three thousand copies were reserved to be mailed in bulk

for distribution during various conferences held within this region.

The curriculum developed by NCCAN and NIMH was advertised in Directions and over fifty specialized units of curriculum were provided to Dept. of Social Services Offices throughout Region IX. The clinical component of this project developed a Suspected Child Abuse and Neglect protocol (SCAN) which was through advertising in Directions, sent to over 300 professional organizations throughout the country.

We can document the fact that CA/N films loaned by this project have been shown to over thirty thousand interested persons in this region.

In the last year of this project, the Region IX CA/N Center's activities were so successful that state legislators and administrators in the states of Hawaii, California and Nevada were asking for the staff of this project to suggest the types of bills which should be introduced to help eliminate/treat CA/N.

Clearly this project cannot take full credit for the increased awareness, communication, coordination and responsiveness to the CA/N families in Region IX but the above evidence indicates that we had a very important role in these accomplishments.

Major Obstacles Encountered

Initially, we tried to meet with the highest levels of State Departments of Public Social Services, but we met with resistance primarily because CA/N was a part of larger social concerns, i.e., AFDC, SSI and General Relief, Foster Care, Child Care, Education, etc. In effect, our project was asking that institutionalized practices and policies be questioned. For the most part, our efforts to reach

higher echelons of state and county, i.e., the director would buck our communication to middle management and/or non-decision making personnel. Training materials, a clear need that the line workers indicated over and over. Through the newsletter, we offered the latest training materials and frequently large public CA/N organizations (the State offices in Nevada and Hawa i and twenty county department in California) wrote for the training materials.

The funds from the NCCAN directed to the states were very helpful because the state offices were asked by NCCAN to involve the resource center in their CA/N efforts. Finally, the political climatic was such that legislators and community groups began to request CA/N information from the Region IX Demonstration CA/N Resource Project. The staff of this project have become known as subject-matter experts and facilitators of efforts by the highest level administrators in our various states.

Professional territoriality was the second major obstacle we encountered. Once we started to suggest the implementation of our needs assessment it became clear that the old question of whether child abusers were criminals or sick people or both began to surface. The law enforcement professionals felt that they should be the first group called to report suspected CA/N. The medical profession tended to see CA/N as a medical problem which should be treated via the medical model. The courts have as their major objective, the preservation of the family unit whenever possible. Therefore, no matter how the families got into the CA/N response system over ninety percent of the families were referred by the courts for supervised (probation and/or social work) treatment.

As a resource center, we did not have to take a position in the conflict above and therefore, we were able to serve as a neutral meeting place where all sides could

express their position in an unchallenged manner. From our perspective, it is obvious that no matter what your discipline, the overriding need was for more community based CA/N treatment agencies.

We targeted private non-profit United Way agencies, Parents Anonymous, Parents United and sought to strengthen their CA/N response and then publicize this service capacity to the courts, law enforcement, medical personnel, probation and Child Protective Services. We provided technical assistance to community based agencies in the area of CA/N grant applications from public and private sources. Partially, through our efforts, over ten million additional dollars have been directed into CA/N treatment with this region.

Please note that multidisciplinary teams, interagency councils and comprehensive emergency services are all considered solutions to "turfdom" and territoriality, but we reasoned that it was more productive to strengthen an area of common agreement (treatment resources).

The third major obstacle was the lack of culturally and linguistically relevant curriculum and training materials. The Spanish speaking community, which numbers in the millions, did not have a single piece of Spanish language CA/N material in 1975. Further, almost all conferences, and training sessions had very few Chicano professionals in attendance. The area center coordinator for Southern California started the Spanish Speaking Surnamed Child Abuse Council of Greater Los Angeles and National Spanish Surname Committee on Children Youth and Families. With supplemental funding from NCCAN, forty-five Spanish speaking (S/S) professionals were given nine weekends of CA/N training. Each S/S trainee had to go back to their communities and conduct CA/N training for local providers of services to primarily S/S families. This effort resulted in culturally and linguistically relevant CA/N training for over 5,000 S/S

professionals and/or professionals serving the S/S communities.

The Principal Legacy of this project is that people from every segment of our society want to get involved in the problems of child abuse and neglect. They needed a rallying point, the resource center concept is an excellent means of facilitating, coalescing and leading great number of diverse segments of our society toward a common purpose.

We have helped convince hundreds of thousands of people that CA/N is a real problem which undercuts the fabric of society. We have helped convince thousands of people that they can do something constructive about CA/N. We have developed a network of CA/N communication that has had a positive effect on the entire CA/N response system in DHEW Region IX.

At full strength the entire full-time staff of this project was twelve people, one-half of whom were clerical. Our service population was estimated to be over twenty million people. It is difficult to believe that such a small number of people could have an impact on such a large population. We found that people were hungry to involve themselves with this problem.

Implications for Service Planners

The CA/N response system as it is presently structured does not completely address the problems of CA/N, they now manifest themselves. Below is a list of factors which must be considered if the CA/N response system is to be effective.

The line workers are frustrated because they do not feel capable of handling the varied CPS caseload. A possible solution is to have specialized caseloads for example, alcholics and psychotics vs. situational stress caseloads. Most line workers do not have specialized education and training in the psychodynamics of human behavior. Solution: (A) rewrite the job description to select individuals with appropriate educational backgrounds. (B) provide year long in-service to new employees (C) clinical supervision of CPS workers.

In Metropolitan areas, the public treatment resources cannot handle all of the CA/N cases. Solution: contract for services from private community based treatment programs.

The turnover among line workers is extremely high and many researchers attribute this to "burn out." You do not have the same type of turn over in other high stress occupations, i.e., M.D.'s, police officers. Solution: find out who stays on as CPS workers and why.

The child abuse system is for the most part a reactive system which is activated only after something terrible has happened. Solutions: (1) public awareness by CPS workers in local high schools (2) free pre-marital counseling by CPS workers for people about to get married. (3) fund respite care facilities. (4) institute parenting classes in the school system beginning with first grade.

Child abuse means attention to families that have a child abuse problem. Child abuse is not necessarily "wife battering," "granny battering" or "family violence." If we are not careful, we fear that children will lose out if we start to focus on violence that afflicts adults. Solution: focus <u>treatment</u> and research exclusively upon CA/N and let other aspects of family violence develop their own.

The attitudes and beliefs that created CA/N are for the most part (psychodynamically) the way they were before the current movement began. Solution: continue awareness, education, advocacy and T.A. to individuals and organizations interested in combating CA/N.

<u>Recommendations</u>

1. Continue to have CA/N resource centers because they are in an excellent position to effect change within institutions from the "outside."

The CA/N problem is multi-causal with a very long history of practices, laws and policies that result in this phenonmenon. The philosophical factors which led to

the massive amounts of CA/N have not changed, are not likely to change without a continued concerted effort to do so. Our experience indicates that factors like sexism, racism, economics, education and employment often intersect at the point of CA/N.

The psychological factors which "cause" CA/N are well documented, but the resource center concept is probably the only acceptable (i.e., no clear turf to protect) communicator of these findings. Further, most of the literature from the mental health professions see the solution to the problem as more therapy or counseling.

The legal/law enforcement professions are attempting to "do better" what they have done all along. Clearly, a large percentage of the CA/N cases which are investigated do not meet the legal criteria for a trial to be held. Even specialized CA/N units and training do not solve the problem in fact, our observations indicate that the caseloads expand to meet the law enforcement services available.

Education is just starting to become actively involved in the CA/N problem and as an institution appears to be far behind health care, law enforcement and the courts in dealing with CA/N. Education is not significantly involved in CA/N from either a detection or preventive perspective.

The major religious institutions are only involved minimally with CA/N in this region. Our experience indicates that most people involved with a given church tend very strongly to view CA/N as something that happens in families who don't attend church. Although religious practitioners are mandated, reporters in California account for a very small percentage of CA/N reports. The United Church of Christ is the only exception to the above.

Most reports on CA/N still come from relatives, family members and/or neighbors. We feel this is a strong indication that our institutions are still, in fact, allowing

families to demonstrate significant pathology before we even begin to support them. We tend to see helping an intact family as an intrusion. We help a CA/N family by first labeling them, punishing the parents, protecting the child (foster care for pay) and treating the parent's pathology. This process takes about one and one-half years to complete when it works at its best. When the helping process fails, we have long-term foster care. We have children growing up in institutions. We have social workers who have children on their caseloads for years without any hope of closing the case with a positive outcome.

Although the analysis of the CA/N response system is based upon three years of experience from a molar (resource center) perspective, it is clear that the CA/N is still broad brushed and much of the relief needs to be filled in.

2. Pair hard data researchers with the resource center.

   There are numerous questions raised, such as: Why do women who have a child taken away have another child immediately? Why are proportionately more minorities accused of CA/N than whites? What is the relationship between CA/N and alcoholism? Why do some CPS workers "burn out" and others thrive? What is the relationship between culture and CA/N? What is there in the background of children from CA/N families who do not abuse their own children? Why can't professionals work together without manifesting a need to "own" a family?

   When you realize that your task as a resource center is to provide answers, it becomes clear that we are far from having the answers with regard to CA/N and it is frustrating to realize that your answers are at best partial answers with the highest validity and reliability.

3. Develop Grass Roots CA/N Organizations

Based upon our experiences with the Pacific Islands CA/N Council and the Mainland Consortium of CA/N Councils, it is evident that the primary objectives (advocacy, awareness, public speakers, information dissemination, conferences, etc.) of a resource center can be geometrically more inclusive if community based CA/N groups are involved.

4. Develop Two CA/N Treatment Professional Organizations. One composed of public CA/N employees and one composed of private CA/N employees.

The public employees need to know about private treatment organization. They need to know about the types of services performed and a realistic picture of the quality of those services.

The private CA/N treatment organizations need to know more about CA/N cases, testifying in court, the public CA/N response system, etc. They frequently complain about a lack of funds and are at a loss as to how to obtain funds.

5. Have a Regionwide Self-Help Coordinator as an integral part of the resource center staff.

Although Parents Anonymous is the best known of the CA/N self-help organizations, they are just one of many. For instance, the Black Parenting Institute and United Latin Families are both self-help groups designed to respond to the needs of Black and Latino families. Parents United is a self-help dealing exclusively with sexually abusive families.